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DATE DUE

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/773,558 | 02/06/2004 | Hideto Torisawa | JCLA13083 | 3558 |

ISSUE FEE

TITLE OF INVENTION: CYLINDRICAL ROLLER BEARING

SMALL ENTITY

| nonprovisional | NO | \$140 | 0 | \$300 - | S | 700 | 04/10/2006 |
|--|--|---|---|---|--|---|---|
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | |
| HANNON, THOMAS R | | 3682 | | 384-565000 | | | |
| 1. Change of correspondence add CFR 1.363). Change of correspondence Address form PTO/SB/122) a "Fee Address" indication (PTO/SB/47; Rev 03-02 or mo Number is required. 3. ASSIGNEE NAME AND RES PLEASE NOTE: Unless an a recordation as set forth in 37 (A) NAME OF ASSIGNEE NTN CORPORATION. | address (or Change of ttached. or "Fee Address" Indicator recent) attached. Use SIDENCE DATA TO B assignee is identified be CPR 3.11. Completion of | Correspondence tion form of a Customer E PRINTED ON Tolow, no assignee of this form is NO | (1) the na or agents (2) the na registered 2 registered listed, no THE PATEN data will appr a substitute | - U | patent attorneys g as a member a names of up to s. If no name is | 3 | J.C. PATENTS |
| Please check the appropriate assignate. 4a. The following fee(s) are enclosed. Issue Fee Publication Fee (No small Advance Order - # of Cop | entity discount permitte | 4b d) | Payment of A check Payment The Dire | Fee(s): in the amount of the fee(s) by credit card. Form PTO- | is enclosed. 2038 is attached. | uired fee(s). | group entity Government or credit any overpayment, to a copy of this form). |
| 5. Change in Entity Status (from a. Applicant claims SMAL The Director of the USPTO is red | L ENTITY status. See 3 |) 7 CFR 1.27. | ☐ b. Applic | ant is no longer claiming S | MALL ENTITY s | | |
| The Director of the USPTO is req NOTE: The Issue Fee and Public: interest as shown by the records of Authorized Signature | | | | Date | 03, | /31/200 | |
| Typed or printed name | | | | | tion No | | |
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